

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

ARKANSAS FOR CHANGE(b) Address (number and street) ☐ check if different than previously reported3 BRIDHAM LANE

(c) City, State and ZIP Code

BELLA VISTA, AR 72714

(d) Name of Employer or Principal Place of Business

N/A

(e) Occupation

N/A**2. FEC Identification Number**C30001549**3. Is This Statement**☒ New

or

☐ Amended**4. Covering Period**05'06'2010

through

05'07'2010**5. (a) Date of Public Distribution(s)**05'07'2010

(b) Communication Title

a) THANK YOU b) NO EVIDENCE**6. The filer is a(n): (a) ☐ Individual (b) ☒ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)**(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☒**8. Custodian of Records**

(a) Name

WALTER HINOJOSA

(b) Address (number and street)

3 BRIDHAM LANE

(c) City, State and ZIP Code

BELLA VISTA, AR 72714

(d) Name of Employer or Principal Place of Business

ARKANSAS FOR CHANGE

(e) Occupation

TREASURER**9. Total Donations This Statement**550,000.00**10. Total Disbursements/Obligations This Statement**454,784.71

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Walter Hinojosa

SIGNATURE

Walter Hinojosa

DATE

05/07/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

FEC FORM 9 (REV. 12/2007)

10030323899